

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K75943** (6)

1. Corporation Name

KAREN T. BARTLETT & ASSOCIATES, INC.

Principal Place of Business

**6141 PELICAN BAY BLVD
SUITE 19
NAPLES FL 33963
US**

Mailing Address

**6141 PELICAN BAY BLVD
SUITE 19
NAPLES FL 33963
US**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**BARTLETT, KAREN T.
6141 PELICAN BAY BLVD
#19
NAPLES FL 33963**

3. Date Incorporated or Qualified
03/28/1989

3a. Date of Last Report
03/16/1995

4. FET Number
58-1843925

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.07(2) and 607.07(3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The filer accepts the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.07(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	BARTLETT, KAREN T.	
STREET ADDRESS	6141 PELICAN BAY BLVD	
CITY-STATE-ZIP	NAPLES FL	
TITLE	D	☐ DELETE
NAME	BARTLETT, KAREN T.	
STREET ADDRESS	6141 PELICAN BAY BLVD #19	
CITY-STATE-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied to this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 on this report or an attachment to an address.

SIGNATURE:

Karen T. Bartlett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KAREN T. BARTLETT

3/15/96 941-591-0006
By: *[Signature]*
Signature

CR2E034 (12/95)